Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012305	A. BUILDING _____ B. WING _____	C 07/06/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE LAKES HEALTH CAMPUS	9730 PRAIRIE LAKES BLVD E NOBLESVILLE, IN 46060

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for investigation of complaint IN00110384. Complaint IN00110384: Unsubstantiated, due to lack of evidence Date of survey: July 6, 2012 Facility number: 012305 Provider number: 155779 AIM number: 200987990 Survey team: Vanda Phelps, RN Melanie Strycker, RN Census bed type: 17 SNF 10 Medicaid 88 Residential 115 Total Census payor type: 17 Medicare 10 Medicaid 88 Other 115 Total Sample: 4 Prairie Lakes Health Campus was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the investigation of complaint number IN00110384. Quality review completed 7/9/12 Cathy Emswiller RN	R 000		